U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

"FFF ADDRESS" INDICATION FORM Address to: Mail Stop M Correspondence 571-273-6500 Commissioner for Patents P.O. Box 1450 - OR -Alexandria, VA 22313-1450 INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: Customer Number: 22971 The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER APPLICATION NUMBER (if known) 6.941.510 Completed by (check one): Applicant/Inventor Signature Attorney or Agent of record 32.950 Edmund J. Walsh Typed or printed name (Reg. No.) Assignee of record of the entire interest. See 37 CFR 3.71. 617.646.8000 Statement under 37 CFR 3.73(b) is enclosed. equester's telephone number (Form PTO/SB/96) Assignee recorded at Reel Frame NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

forms are submitted.

*Total of